				·				_	,					
									Application or Docket Number					
Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN						
TOTAL CLAIMS								RATE		7	RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		C FEE	385.00		BASIC FEE			
TOTAL CHARGEABLE CLAIMS			26 1	26 minus 20=		. 6		9=	54.00	-	X\$18=			
INDEPENDENT CLAIMS				2 minus 3 =		* _			27,00	OR				
ML	JLTIPLE DEPE	NDENT CLAIM		<u> </u>				X43=		OR	X86=			
				loo they see sets		"O" in column 2		5=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								AL	439.00	OR	TOTAL			
CLAIMS AS AMENDED - PART II								\	ENTITY	OR	OTHER			
	· .	(Column 1) CLAIMS	-	(Colum	ST .	(Column 3)			ADDI-		SMALL	ADDI-		
AMENDMENTA	1234	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RATE	E	TIONAL FEE		RATE	TIONAL FEE		
NO.	Total	. 26	Minus	ځ 🕶	26		X\$	9=		OR	X\$18=			
AME	Independent	ے ا	Minus	<u> </u>	3	<u> </u>	X43	=		OR	X86=			
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+14	5_		OR	+290=			
							10	TAL			TOTAL			
(Column 1) (Column 2) (Column 3)								FEE L		JO! \ /	ADDIT. FEE	·		
		CLAIMS		HIGHE	ST			-	ADDI-	1 1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9	_	1 66	OR	X\$18=	<u> </u>		
MEN	Independent	*	Minus	***		=	X43	-	•	l	X86=	<u> </u>		
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR				
+145= TOTAL										OR	+290=			
ADDI										OR A	TOTAL ODIT. FEE			
	(Column 1) (Column 2) (Column 3)													
ST		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RATI		ADDI- HONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	* İ	Minus	**		= .	X\$ 9	_		OR	X\$18=	*.		
	Independent	*	Minus	***		=	X43=	+		_	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR				
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+290=			
** H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										TOTAL DDIT. FEE			
		ber Previously Pai					found in the	appr	opriate box	in colu	mn 1.			